A FRESH FOCUS ON CANCER RESEARCH IS URGENTLY NEEDED

Excerpts from research studies presented during the Fourteenth Regional Congress of the International College of Surgeons held on August 11, 1988

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Dr. Milton W. White, M.D., F.I.C.S., Director of Research and treasurer of the board of trustees at North Detroit General Hospital, has been researching cancer for a quarter of a century. What follows are remarks he made and an abstract of the material he presented as his research studies at the Fourteenth Regional Congress of the International College of Surgeons held on August 11, 1988. Also included are comments by Dr. Henry A. Kallett, Director of Laboratories at North Detroit General Hospital and Professor of Pathology at Michigan State University. Dr. White's research was reported in the Detroit Free Press *on August 30, 1988, and that article is reprinted here.*

Opening Remarks

The following remarks were made before I presented my research findings at the Fourteenth Regional Congress of the International College of Surgeons.

W*e must face the truth.* We cannot ignore reality about the cancer problem. Basically, the cancer etiology at this time still remains a mystery.

Although some progress has been made in cancer therapy and research, the ultimate etiology of cancer remains unknown. Despite the extensive use of radical surgical procedures and chemotherapy, and despite the overall use of radiation, the morbidity and mortality rates are no less than those of twenty to thirty years ago.

We read, we hear, and we witness tragic deaths of our friends, patients, or loved ones.

The mere thought of developing a cancerous lesion arouses profound fear in the hearts and minds of people today. There is no certainty that a recurrence, once treatment is initiated, no matter what the modality may be, would not develop.

The use of toxic chemicals, or the harmful effects of radiation, that would not ordinarily be permitted as therapy for any other disease, is acceptable in cancer therapy because there is nothing better to offer. I make this statement based upon the fact that these modalities are based on a "hit or miss," "trial and error" methodology, and in consequence will not succeed in the long run.

The answer to the cancer problem can only occur once the true facts are uncovered as to the exact etiology and physiopathology of the malignant cell.

The prevailing universal concept of a virus invading a cell, dying, then leaving a hybrid genetic pathological cell, does not make sense, and it does not explain the physiopathology of the human or animal dying from a malignant growth.

We cannot treat cancer as a mysterious disease that defies all rational reason. Like our predecessors who blamed miasma as the cause of the inflammatory disease, we must not rigidly ignore other concepts.

There is a rational and logical reason for cancer's existence. It is only necessary to open one's mind to new concepts, to facts and findings that can explain the etiology and physiopathology of the malignant cell in a reasonable or sensible manner.

An Original Concept for the Etiology and Physiopathology of the Malignant Cell

An abstract of the material presented appears below.

Findings demonstrate that the malignant cell is actually a three-factor product.

- The first factor involves a chronically inflamed cellular site, associated with the presence of the chronic defense or reticulo-endothelial cells.
- The second factor is the presence and assimilation of a microbe—one which not only has a deoxidising capability but also the ability to survive within a cell as a non-virulent, non-septic, and, apparently, cell wall deficient, unicellular unit.
- However, malignant pathogenicity of these two factors will only continue if there is an adequate flow of circulating blood of the host as the third factor.

The malignant cell, *in vivo*, demonstrates an exciting finding: Despite its animal origin, it is a viable unit without the ultimate oxygen molecule. Mice labeled DBA/IJ growing pleomorphic malignant sarcomatous lesions are utilized as a test animal. This tumor and the surrounding non-tumor tissue are injected with a Toluidine Blue dye solution.

Toluidine Blue dye is an effective modality that can be used to indicate the absence or presence of oxygen within an enclosed chamber. The dye is colorless in the absence of oxygen, whereas it is intensely blue in the presence of oxygen.

Sacrificing the mouse and examining the tumor forty-eight hours after the injection, there is a remarkable difference between the tumor and non-tumor tissue. The latter has retained its intense blue color, while the former is white to pink, with a few spots of yellow. Within five to ten minutes following exposure to the atmosphere, the blue color returns. This demonstrates that the tumor tissue, while *in vivo*, is in a state of relative deoxygenation (absence of oxygen).

Staphlococcus aureus, coagulase positive is the second factor in the formation of the malignant cell, although ascomycete fungi may be involved in human malignancies.

This research study, however, demonstrates consistently that the staphlococcus organism confined within the chronic defense cells in a living mouse is a cofactor in the formation of the malignant cell.

DBA/IJ mice growing sarcomatous lesions are utilized to demonstrate this phenomenon. A portion of the malignant growth is removed aseptically and then cultivated in a Sabouraud's agar slant containing Ringer's lactate with EDTA and a Toluidine Blue dye solution.

With this procedure, one is able to demonstrate this staphlococcus microbe after forty-eight hours incubation, in 100 percent of the procedures performed. Most important is the fact that this microbe has the deoxidising capability, as demonstrated by *in vitro* studies, and it apparently exists as a non-virulent, non-septic, and cell wall deficient unit while *in vivo* within the malignant cell.

Contaminants and opportunist invaders were ruled out as factors by careful measures.

Remarks by Dr. Henry Kallet

There is a vital need to scrutinize and evaluate all new concepts in cancer etiology, even though the researcher may come from an underfunded and relatively unknown background. History has shown that oftentimes it is the lesser known scientist who has uncovered revolutionary changes in the course of a disease.

Because of the magnitude involved in cancer research, and because of the relatively limited funds available, there is a need to receive cooperation from other major resources. Dr. White states that he feels with the proper support he might be able to prove his concept.

Though the facts and theory presented by Dr. White are his own, none of us are able, at this moment, to agree or disagree with this model of disease.

For the sake of the yet thousands of humans who will eventually die prematurely from a cancerous lesion, it would be wise to make every attempt to either prove or disprove this concept.

Skepticism Won't Deter This Cancer Researcher

The above headline appeared over Detroit Free Press *Medicine Writer Dolores Kong's article about Dr. White and his research. That article, reprinted below, also has been distributed by Knight-Ridder.*

For 25 years, Dr. Milton White of North Detroit General Hospital has been researching

the possibility that cancer is caused by a bacterium, a theory he acknowledges is controversial.

"This concept makes sense to cancer," White said recently, just before he gave a lecture about his theory to physicians and surgeons at a regional meeting of the International College of Surgeons. "I hope people will open their eyes to it rather than saying this is hard to believe."

He hasn't isolated the specific micro-organism, but he has asked a researcher at the Michigan Cancer Foundation to look for the bacterium through an electron microscope.

To White, treasurer of the board of trustees and director of research, and some of his colleagues, his unsuccessful attempts to get his research funded illustrate the difficulty of being a small researcher in an era of big science. White's theory, while not proven, is interesting and could be revolutionary if it bears out, colleagues say.

"Careful thought is being done away from large institutions," said Dr. Henry Kallet, chief of North Detroit General's labs and a part-time professor of pathology at Michigan State University. "It's sort of a shame that there aren't ways of allowing research to be conducted in smaller places."

Even if White's theory doesn't hold up, Kallet said, "there's value even going up the wrong road. . . . You're not absolutely sure it's the wrong road."

Cancer researchers don't really know how cancer begins, White said: "To solve the cancer problem, we have to think of new concepts."

Scientists believe some cancers are caused by viruses; others may stem from genetic predispositions stimulated by environmental carcinogens.

At the meeting earlier this month, White presented slides and the results of his research. He said he started on his theory when he saw slides of cancer cells with what looked like spores from bacteria or mold. He has seen patients with yeast growths in tumors. White said the micro-organisms in the cancer he's studied did not come from contamination and he's convinced they're not a byproduct of cancer but a cause of it.

To prove the micro-organisms, which he theorizes use up oxygen, were present in mice with tumors and not in mice without tumors, White injected the mice with oxygen-sensitive dye. The mice with tumors showed no oxygen in their tissue when they were surgically opened until atmospheric oxygen reacted with the dye.

North Detroit General doesn't have an electron microscope, which White needs to examine cancer cells. He has asked Dr. Jose Russo, chairman of the Michigan Cancer Foundation's pathology department, to look for the micro-organisms through the foundation's electron microscope, which can magnify up to one million times.

Russo said it probably will be a month or two before he can fit White's specimens into his schedule. "It's a very interesting concept but he needs to demonstrate some kind of micro-organism. I am doing this to help him, to demonstrate whether he is right or wrong," Russo said.

White said he keeps on with his research because the history of medicine has shown over and again that pioneers don't get acknowledged until many years after their discoveries. "I may take a lot of abuse and skepticism, but I know what I see," White said.

Closing Remarks

Despite the controversy and skepticism, I am convinced of the validity of my research findings, and believe that this concept warrants careful evaluation and should not be ignored.

The answer to the cancer problem still remains unknown, despite the vast amounts of money and resources available to prestigious, nationally recognized organizations. Although I am relatively unknown and markedly underfunded, I deserve a chance to be heard and to receive adequate funds and other research skills to help in finishing my scientific investigations.

I am optimistic that I can uncover the exact metabolic factor contributing to the formation of the malignant cell. For the sake of the hundreds of thousands yet to develop cancer and all of those who will die from this disease, let us pray that the old, rigidly-adhered-to-concepts about cancer etiology give way to permit a new focus on cancer research.